

inspection report

CARE HOMES FOR OLDER PEOPLE

St Ives Lodge

**27 The Drive
Chingford
London
E4 7AJ**

Lead Inspector
Brenda Pears

Unannounced Inspection
15th January 2008 11:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	St Ives Lodge
Address	27 The Drive Chingford London E4 7AJ
Telephone number	020 8529 7952
Fax number	0208 529 2444
Email address	admin@stiveslodge.freemove.co.uk
Provider Web address	
Name of registered provider(s)/company (if applicable)	Mr James Deary Mrs Catherine Deary
Name of registered manager (if applicable)	Maureen Lewis
Type of registration	Care Home
No. of places registered (if applicable)	27
Category(ies) of registration, with number of places	Dementia (1), Old age, not falling within any other category (27)

SERVICE INFORMATION

Conditions of registration:

1. The home can accommodate one (1) named Service User with a Mental Disorder.
2. As agreed on the 4th August 2006, one named service user under the age of 65 years with dementia, can be accommodated. The CSCI must be informed when this service user no longer resides at the home.

Date of last inspection 6th June 2007

Brief Description of the Service:

St Ives Lodge is a privately owned residential home for 27 elders providing accommodation and care. The home is one of two homes in the area owned by the organisation. The home has an experienced manager and staff group. The proprietors are very much a part of the day to day running and can be found at one or other of the homes. The home is situated on the edge of Chingford which has a range of shops, and locals amenities.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **2 star**. This means the people who use this service experience good quality outcomes.

This was an unannounced inspection undertaken on the 15th January 2008 and started at 11.00am. The focus of this inspection was on the previous requirements, on the core national minimum standards and on the quality of life for those living in the home. The methods used to complete this inspection consisted of reviewing records, discussions were undertaken with the manager, people living in the home and also with visitors and members of staff. A tour of the building was carried out plus observations and previous findings all inform the outcomes in this report.

What the service does well:

The inspector spoke to four people who live in the home and comments such as 'this is a wonderful place' and 'the staff are really good' were made at this time. The home was busy with various people coming and going and staff greeted everyone cheerily and visitors are always offered refreshments.

Those living in the home appeared to be relaxed, comfortable and confident when speaking with staff or with the inspector. Staff also ensured everyone was introduced to the inspector as a tour of the building was undertaken.

The communal areas of the home and individual rooms were found to be clean, bright, well decorated and comfortable.

Staff have worked hard since the last inspection to address requirements and to ensure the complete safety and well being of those living in the home is maintained.

What has improved since the last inspection?

All previous requirements have been addressed since the last inspection and work has included updating training and information regarding the protection of vulnerable adults. More information of areas of improvement is contained in this report under the appropriate headings.

New scales have now been purchased to ensure everyone living in the home, including those who are not able to weight bear, have their weight recorded and regularly monitored.

What they could do better:

As stated, this inspection focused on the safety, well being and quality of life for people who use this service. There were no requirements or recommendations identified at this time.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1–6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

- 1.** Prospective service users have the information they need to make an informed choice about where to live.
- 2.** Each service user has a written contract/ statement of terms and conditions with the home.
- 3.** No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
- 4.** Service users and their representatives know that the home they enter will meet their needs.
- 5.** Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
- 6.** Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

All new admissions are undertaken following a pre admission assessment, ensuring the home is able to provide appropriate support.

EVIDENCE:

A review of care plans contained full and complete pre admission assessments. Discussions were also undertaken with two family members and one person who had recently moved into the home. These discussions also confirmed that full information and opportunities to visit the home had been provided before any discussion to move into the home.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

- 7.** The service user's health, personal and social care needs are set out in an individual plan of care.
- 8.** Service users' health care needs are fully met.
- 9.** Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- 10.** Service users feel they are treated with respect and their right to privacy is upheld.
- 11.** Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Care plans are orderly, reviewed regularly and show that all healthcare needs are met. This ensures the health and well being of those living in the home is maintained.

EVIDENCE:

Three care plans were seen at this time and these were up to date, reviewed regularly and maintained in good order. Files contain an index that enables specific information to be easily found. There is a healthcare section that contains information of all healthcare needs, appointments and visits. Care plans have details of needs relating to such areas as moving and handling risk assessments, communication, mobility, sleep patterns and what support is required.

Records clearly show that healthcare professionals also provide appropriate support and appointments are recorded on care plans, as are all outcomes. Daily records were fully completed and information outlined exactly what the person had been feeling like during the day and how the day had been spent. Healthcare appointments were detailed and care plans are regularly reviewed. Four people living in the home confirmed that staff do provide the care as the person wishes and also support health needs.

The medication room was seen to be tidy and orderly with medication being appropriately stored. All medication was clearly labelled, stored neatly and in a clean condition. Regular spot checks are undertaken and medication is audited on a two weekly basis. All records seen at this time had been appropriately completed and were up to date. The manager explained that the balance of medication is also checked and recorded at staff handover.

Discussions with service users and two visitors, plus observations at this time, confirmed that staff do treat service users with respect and with due consideration for dignity.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

An activity programme is in place and each person is assisted in the way they prefer, supporting choice and independence.

EVIDENCE:

Staff recognise where either emotional needs have changed or a person's mood has altered. Observations and discussions undertaken at this time confirm staff have an in depth understanding of the emotional and physical needs of the people they support.

Service users have previously confirmed that they are offered a variety of activities, although some choose not to participate. Visitors to the home were clearly being welcomed at this time and are offered refreshments on arrival. Visitors confirmed that they are welcomed and encouraged to visit at any time and find all areas bright, clean and comfortable.

A person was visiting the home to assist those wishing to have religious support. One person living in the home explained that these visits are welcomed and enjoyed by many in the home.

Lunch was served during the course of this inspection and at least four different meals were being enjoyed. All meals provided appeared to be nutritious, colourful and appetising and portion sizes varied according to choice. People spoken to during this time stated 'the food is good' and one person explained they had asked for fish as this was their favourite and it was provided. Lunch was a calm and unhurried time for service users who appeared to be enjoying their meals.

There is a programme of activities in place and records reflect who attends and the likes and dislikes of the individual. Regular activities include quiz, bingo, beauty therapy, and trips out to have lunch, armchair activities and local history discussion.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

People living in the home are protected by the complaints policy and procedures and by trained staff who are aware of abuse policies.

EVIDENCE:

There have been no complaints since the last inspection and visitors confirmed that they are encouraged to discuss any matters with staff. They also stated they would feel confident that any matters would be dealt with and this was also confirmed by people living in the home who spoke to the inspector.

The home has been working closely with the local authority to strengthen procedures and awareness on matters of abuse. All adult protection training is up to date and refresher courses are held regularly. The manager explained that the home has zero tolerance regarding any abuse. An alleged abuse matter that was raised last year has been investigated and is now closed. During this time, the home fully co-operated with the local authority and CSCI to deal appropriately with this matter.

A quality assurance questionnaire is sent to families and visitors on a yearly basis and people are kept up to date regarding how to complain and who to contact.

Environment

The intended outcomes for Standards 19 – 26 are:

- 19. Service users live in a safe, well-maintained environment.
- 20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
- 21. Service users have sufficient and suitable lavatories and washing facilities.
- 22. Service users have the specialist equipment they require to maximise their independence.
- 23. Service users' own rooms suit their needs.
- 24. Service users live in safe, comfortable bedrooms with their own possessions around them.
- 25. Service users live in safe, comfortable surroundings.
- 26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,21,26

Quality in this outcome area is **excellent**.

This judgement has been made using available evidence including a visit to this service.

The home was found to be clean in all areas and individual rooms comfortable and personalised, providing a homely environment that promotes well being.

EVIDENCE:

The home has a relaxed and welcoming atmosphere with a selection of areas to support a variety of activities. A tour of the premises showed that all areas are well maintained and kept clean and fresh. The home has various lounge and eating areas to ensure those living in the home have a choice for where they spend their leisure time. Rooms are comfortable and reflect the individual's personality, with personal items and photographs. Visitors stated that any time they visit the home, all areas are 'spotless and clean' and that 'staff must work very hard to keep it like that'.

People can choose to have a key to their room if they wish. This was evidenced during a tour of the premises, as some people choose to keep their doors locked.

The home is spacious with a large conservatory that overlooks the garden to the rear of the property. There is an ongoing maintenance programme that deals with the replacement of carpets, furniture and soft furnishings as part of a cyclical programme.

There are various seating areas and people were chatting, watching television and relaxing in quiet areas. Visitors were regularly arriving throughout this inspection and everyone was made comfortable and welcomed into the home.

There is a Jacuzzi bath available and a bath hoist to ensure that those requiring this support have it readily available. While there are pump soap dispensers in communal toilet and bathroom areas of the home, the use of paper towels would ensure compliance with guidance for the control of infection.

Safety is ensured through appropriate fire exit signs, low surface temperature radiators and restrictors on windows.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

Staff do consider the dignity of service users and staff are trained and supported to meet the needs of those living in the home.

EVIDENCE:

Staff on duty at this time consisted of the registered manager, four care staff, a kitchen assistant and one domestic. The proprietor was also present for most of the inspection and at night there are two waking care staff on duty.

Some agency staff are used when necessary. The manager explained that only regular agency staff are on the shift plan, ensuring that staff are known to the people they support. Shift leaders are clearly identified daily on the shift planner.

Staff who administer medication undertake training to provide in-depth knowledge that ensures appropriate practices are maintained in the home. Staff spoken to at this time stated they regularly have supervision that identifies any additional training needs and personal development. Staff stated they would be confident in discussing any matters with the manager and were

seen to be professional and dealing with questions from visitors in a competent manner.

The manager explained that she does undertake care duties as part of her management role. This enables her to know the needs of the individual, to observe any change in their needs and also observe how staff are carrying out their duties. Staff carry out regular night checks and discuss the wishes with the individual and how they want to be monitored during the night period. Most checks are two hourly or more if health needs change. Care plans set out the wishes of the individual and when they choose to be checked once they are in bed.

Staff files are appropriately locked for confidentiality and a sampling of files evidenced that all required paperwork is retained in the home. An induction programme is in place and this again was seen to be on staff files. More than 50% of staff have obtained an NVQ level two qualification and refresher training is regularly undertaken in all core areas.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,38

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The current manager is a suitable and competent person to be running the home. The manager and staff group do consider the health and welfare of those living in the home.

EVIDENCE:

The current manager has worked for some years in the care home and has enrolled on training for NVQ level 4. She is trained to deliver training in manual handling, protection of vulnerable adults, infection control and dementia awareness.

The safety, welfare and well being of those in the home are promoted by routines in the home and by appropriately trained staff. All fire extinguishers are appropriately placed and serviced. There were no COSHH items in evidence and cupboards with materials posing a risk were locked at this time. There is a fire procedure and risk assessment in place, weekly tests are carried out on the fire alarms as are the emergency lights. All were up to date at the time of this inspection and regular fire drills are undertaken in the home.

Staff meetings are held on a regular basis, minutes are taken and an example of the meeting agenda was seen at this time. Staff sign when they have read the minutes to ensure everyone is aware of all decisions made or changes to be undertaken in the home.

Staff and service users stated they are able to speak to the manager about any matters, they feel she has an open management style and staff always take time to listen.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

4 Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	3
22	X
23	X
24	X
25	X
26	4

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	X
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? No

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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